

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):      TELEPHONE NO.: _____ FAX NOS.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814 <input type="checkbox"/> FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA, 92101-3294 <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA, 92081-6651 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA, 92020-3941 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PETITIONER(S)	
RESPONDENT(S)	
<b>FAMILY COURT SERVICES SCREENING FORM</b>	CASE NUMBER

FATHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone (8:00 a.m. to 5:00 p.m.): \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

MOTHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone (8:00 a.m. to 5:00 p.m.): \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: THIS SCREENING FORM IS FOR FAMILY COURT SERVICES USE ONLY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

**CHILDREN SHOULD NOT ACCOMPANY PARENTS TO MEDIATION UNLESS SPECIFICALLY REQUESTED BY MEDIATOR.**

**FAILURE TO APPEAR OR FAILURE TO CANCEL THE MEDIATION APPOINTMENT LESS THAN SEVEN CALENDAR DAYS PRIOR TO THE APPOINTMENT TIME MAY RESULT IN SANCTIONS UP TO \$1500 TO ONE OR BOTH PARTIES.**

- |    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| 1. | Does either party allege domestic violence  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there a domestic violence Temporary Restraining Order?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does either party require a Spanish-speaking counselor?<br>(Parties must provide interpreter for any language other than English) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is either party out of the San Diego County necessitating phone mediation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Is a third party requesting custody or visitation?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Grandparent Joinder  |                          |                          |
|    | <input type="checkbox"/> Other: _____   |                          |                          |
|    | Name and relationship to child(ren)   |                          |                          |

Date: \_\_\_\_\_

Filing Party/Attorney Signature \_\_\_\_\_